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Fill in this information to ider	ntify the case:		
United States Bankruptcy Cour	rt for the:		
Northern Distr	rict of Illinois		
Case number (If known):	Chapter		
Official Form 205			heck if this is a mended filing
	etition Against a Non-Ind	lividual	12/15
se this form to begin a bankru case against an individual, us	ptcy case against a non-individual you allege to be a de e the <i>involuntary Petition Against an Individual</i> (Official ny additional sheets to this form. On the top of any addi	obtor subject to an involuntary case. If you Form 105). Be as complete and accurate a	s possible. If
art 1: Identify the Chapte	er of the Bankruptcy Code Under Which Petition	is Filed	
Chapter of the	Check one:		A. W. Carlotte and
Bankruptcy Code	Chapter 7 Chapter 11		
art 2: Identify the Debto			
Debtor's name	Packaging Advantage, Inc.		
Other names you know the debtor has used in the last 8 years			
Include any assumed names, trade names, or doing business as names.			
Debtor's federal Employer Identification Number (EIN)	Unknown	a	
	<u>EIN</u>		
Debtor's address	Principal place of business	Mailing address, if different	
	470 Fenton Drive Number Street	Number Street	
		P.O. Box	
	West Chicago IL 60185 City State ZIP Code	City	ZIP Code
		Location of principal assets, if differe principal place of business	nt from
	DuPage	Number Street	
		City State	ZIP Code

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De	Packaging A	Advantage, Inc. Case number (# Arrown)
6.	Debtor's website (URL)	www.packagingadvantage.com
7.	Type of debtor	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other type of debtor. Specify:
8.	Type of debtor's business	Check one: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) Clearing Bank (as defined in 11 U.S.C. § 781(3))
	To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?	Unknown type of business. No Yes. Debtor Relationship District Date filed Case number, if known Debtor Relationship District Date filed Case number, if known
	Venue	Check one: Over the last 180 days before the filing of this bankruptcy, the debtor had a domiclle, principal place of business, or principal assets in this district longer than in any other district.
		☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.
11.	Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). At least one box must be checked: The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to llability or amount. Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.
	Has there been a transfer of any claim against the debtor by or to any petitioner?	 ☑ No ☑ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

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Packaging A	dvantage, Inc.	Case number (if knovn)	
Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Source One Staffir	g, Inc. Loan Services	\$ 625,000.00
			\$
		Total of petitioners' clair	\$
		Total of politioners clair	\$
the top of each sheet. Following additional petitioning creditor,	ng the format of this form, set out the the petitioner's claim, the petitioner rjury set out in Part 4 of the form, fol	. Write the alleged debtor's name and the e Information required in Parts 3 and 4 of the Is representative, and the petitioner's attor iowed by each additional petitioner's (or re	ne form for each rney. Include the
WARNING Bankruptcy fraud is \$500,000 or imprisonment for up	s a serious crime. Making a false stater to 20 years, or both. 18 U.S.C. §§ 152	ment in connection with a bankruptcy case ca	n result in fines up to
Petitioners request that an order petitioning creditor is a corporation	for relief be entered against the debtor on, attach the corporate ownership state	under the chapter of 11 U.S.C. specified in the ement required by Bankruptcy Rule 1010(b). I ad copy of the order of the court granting reco	f any petitioner is a
		e belief that the information is true and correct	
Petitioners or Petitioners' Rep	resentative	Attorneys	
Name and mailing address of p	netitioner		
Source One Staffi		Elliot S. Wiczer	
Name		Printed name	
136 W. Washington	St.	Wiczer & Sheldon, LLC Firm name, if any	
West Chicago	IL 60185 State ZIP Code	500 Skokie Blvd., #32	5
ONY	State ZIF Code	Northbrook	IL 60062
Name and mailing address of p	petitioner's representative, if any		itate ZIP Code
Scott Reedy	,	047 040 4050	
Name		Contact phone 847-849-4850Ema	The state of the s
136 W. Washington	St.	Bar number 6208432	(
West Chicago	IL 60185	State Allinois	
City	State ZIP Code		
Executed on O 7/18/20/6	that the foregoing is true and correct.	×	
Sam yours		Signature of attorney	
	/	'\	
Signature of petitioner or representative	ve. including representative's title	Date signed OT 18 2016 MM / DD / YYYY	

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or Packagin	g Advantage	, Inc.	Case number (if known)		
Name and mailing address	of petitioner				
lame			Printed name		
umber Street			Firm name, If any		
ity	State	ZIP Code	Number Street		
ame and malling address	of petitioner's rep	resentative, if any	City	State	ZIP Code
			Contact phone	Email	
ame			Bar number		
umber Street	***************************************		State		
ity	State	ZIP Code	Citato	-	
declare under penalty of pe	rjury that the forego	ing is true and correct.			
recuted on MM / DD / YYYY	, _		Signature of attorney		
ignature of patitioner or represe	ntative, including repre	esentative's title	Date signed MM / DD / YY	YY	
ame and malling address	of petitioner				
ame			Printed name		
umber Street			Firm name, if any		
ily	State	ZIP Code	Number Street		
ame and malling address	of petitioner's rep	resentative, if any	City	State	ZIP Code
	=3k A=4		Contact phone	Email	
ame			Bar number		
umber Street			01-1-		
ty	State	ZIP Code	State		
declare under penalty of pe					
seculed on	, ,	g . a trad distributi	×		
MM / DD / YYYY			Signature of attorney		
			Data sinned		
gnature of patitioner or represe	ntetive, including repre	seniative's title	Date signed MM / DD / YY	VV	